Chang Gung University

A preliminary finding of implementing community-based hospice care in New Taipei City, Taiwan

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Introduction _1

1. Good death (Weisman)

- Awareness of the death,
- Accepting it peacefully,
- Arranging one's will properly,
- Timing the death appropriately.

Introduction _2

2. Hospice care

- end-of-life care,
- help people who are dying have peace, comfort, and dignity.
- focuses on caring, not curing.
- focuses on the **quality of life** instead of prolong life.

Introduction _3

3. Interdisciplinary team

- The patient' s personal physician,
- Hospice physician (or medical director),
- Nurses,
- Home health aides,
- Social workers,
- Clergy or other counselors,
- Trained volunteers
- and speech, physical, and occupational therapists, if needed.

Introduction _4

4. Services

- Manages the patient's pain and symptoms;
- Assists the patient with the emotional and psychosocial and spiritual aspects of dying;
- Provides needed drugs, medical supplies, and equipment;
- Coaches the family on how to care for the patient;
- Delivers special services like speech and physical therapy when needed;

Introduction _4

4. Services

- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time; and
- Provides bereavement care and counseling to surviving family and friends.

Introduction _5

5. Setting

- in the patient's home,
- in freestanding hospice centers,
- hospitals,
- nursing homes,
- and other long-term care facilities.

Introduction _6

6. Taiwan

- In 1990, first hospital with hospice wards was Mackay Memorial Hospital.
- July 1, 2013, New Taipei City Government first initiated community-based hospice program.
- Jan. 1, 2014, National Health Insurance (10 categories of terminally illness)

Introduction _6

Introduction _6

Introduction _7

Introduction _7

6.1 New Taipei City Government, Taiwan

- link to 7 hospitals to provide the service.
- patient is expected to live 3 months or less, he/she stay either at home or at a nursing home, or at an institute.
- hospice staff make regular visits to assess the patient and provide additional care or other services 3-4 times a month.
- The patient only pays the travel expense, the fee of medicine and medical device not covered by National Health Insurance.

Aims

- Find out the use, satisfaction, score of good death, physical and spiritual change at last month before death.

Material & Methods_1

1. Study design

- Secondary data analysis.
- Patients were those who received community-based hospice care at New Taipei City Government from July 2013 till May 2014.
- We had obtained approval from IRB of CGMH.

Material & Methods_2

2. Variables

- (1) demographic, disease, caregiver (Table 1)
- (2) information source and sign relevant document (Table 2)
- (3) physical, psychologicial , spiritual change a month before death (score from 0-4) (Figure 1-3)
- (4) preparation of good death (Table 3)
- (5) scores of good death (score from 0-3) (Table 3)
- (6) satisfaction of the program (0-5) (Table 5)

Material & Methods_3

3. Statistical analysis

- Descriptive statistics and paired t-test

Results_1

- **Table 1a. Demographic characteristics**

	n (%)		n (%)		n (%)
Sex		**Education**		**Regilion**	
men	26(65.0%)	none	8(20.0%)	Folk belief	15(37.5%)
women	14(35.0%)	elementary	12(30.0%)	Buddism	9(22.5%)
Age (yr)		Junior high	2(5.0%)	Taoism	8(20.0%)
20-39	4(10.0%)	Senior high	3(7.5%)	Other	2(5.0%)
40-64	3(7.5%)	College	4(10.0%)	missing	6(15.0%)
65-74	6(15.0%)	missing	11(27.5%)		
75-84	13(32.5%)				
85+	14(35.0%)				
mean±SD	75.5±18.8				

Results_2

- **Table 1b. Disease characteristics**

	n (%)		n (%)		n (%)
Main illness		**Patient aware of the illness**		**Patient aware of the severity of the illness**	
Cancer	29(72.5%)	no	23(57.5%)	no	24(60.0%)
lung	11(27.5%)	yes	11(27.5%)	yes	10(25.0%)
liver	4(10.0%)	missing	6(15.0%)	missing	6(15.0%)
Other	8(20.0%)				
missing	3(5.0%)				

Results_3

- **Table 1c. Caregiver characteristics**

	n (%)		n (%)		n (%)
Primary care giver (MC)		**Hired caregiver**		**Duration from hospice to death (days)**	
sons	20(50.0%)	no	15(37.5%)	≤10	15(37.5%)
daugthers	7(17.5%)	yes	10(25.0%)	11-20	4(10.0%)
spouse	5(12.5%)	missing	15(37.5%)	21+	12(30.0%)
Sons/daughters-in-law	4(10.0%)			max	170
mother	4(10.0%)			min	0
missing	2(5.0%)			mean±SD	37.2±50.2
				missing	9(22.5%)

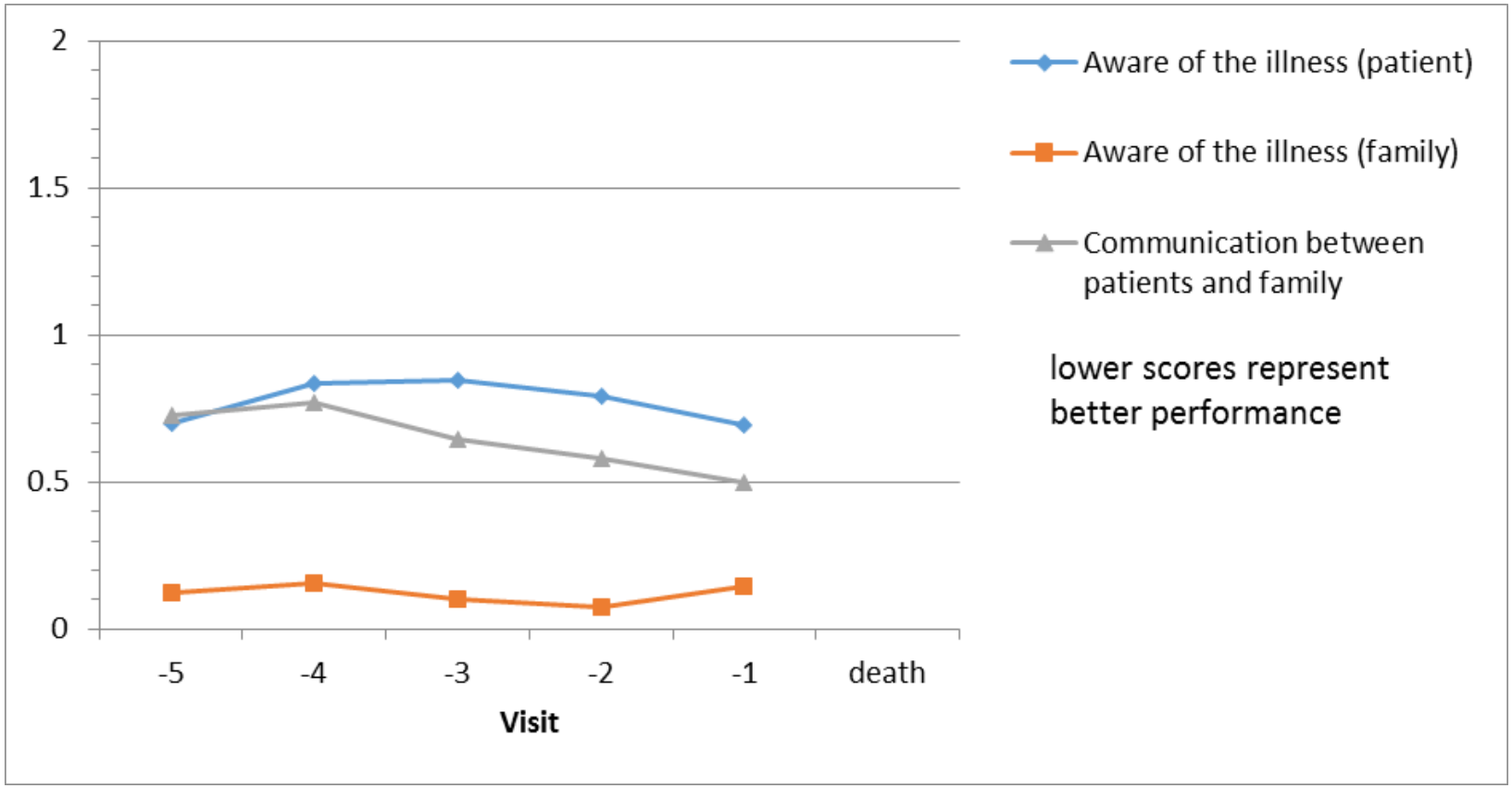
Results_4

- **Table 2. Information source and sign relevant documents (n=40)**

	n(%)
Information source (MC)	
hospital	19(47.5%)
Nursing home	1(2.5%)
Government	1(2.5%)
News paper	1(2.5%)
missing	18(45.0%)
sign document "do not resuscitate (DNR)", "not use life-sustaining device"	
yes	25(62.5%)
missing	15(37.5%)
sign document "inform consent of community-based hospice palliative care program by New Taipei City Government	
yes	34(85.0%)
missing	6(15.0%)

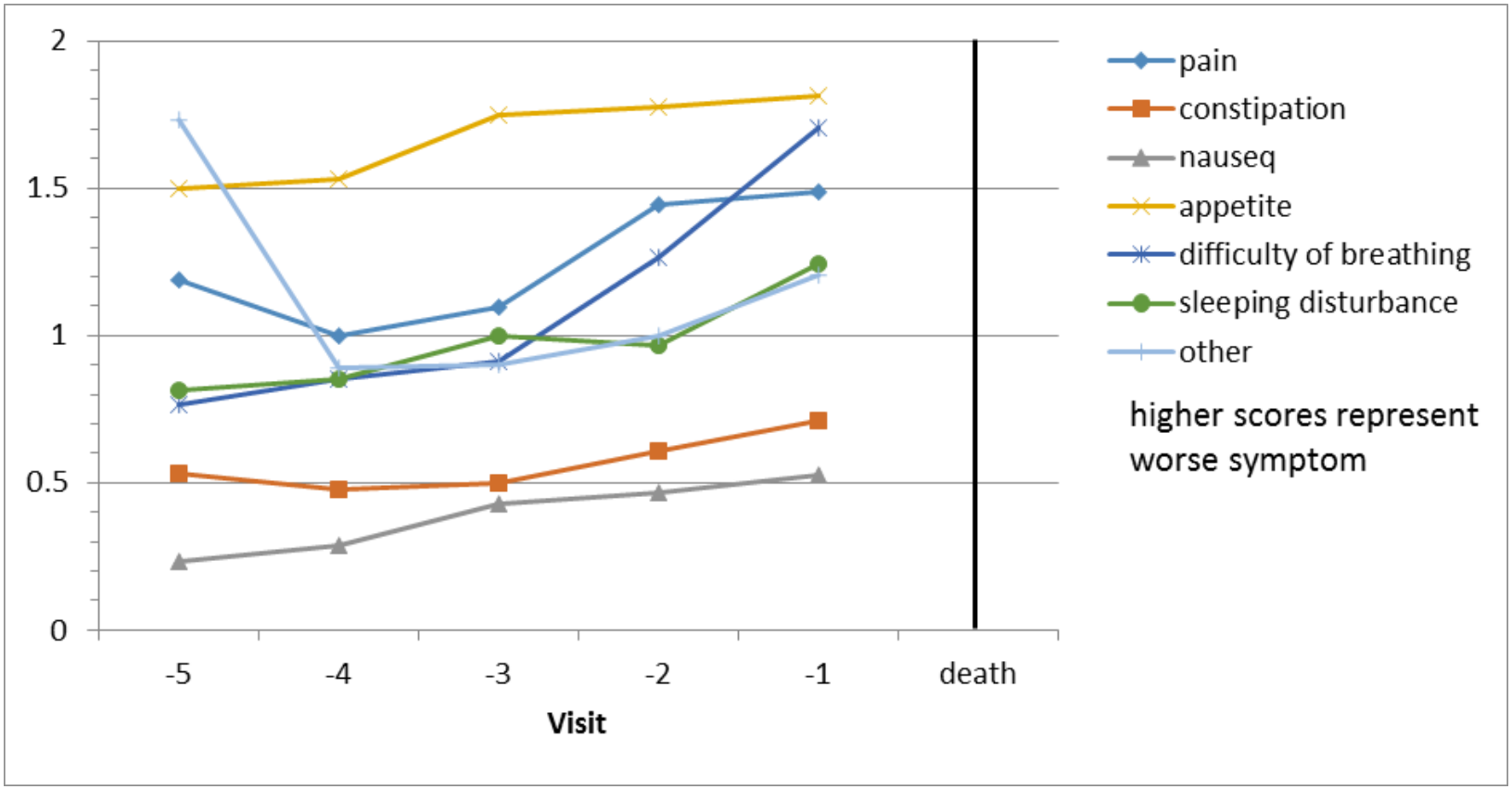
Results_5

- **Fig. 1. Awareness of the illness and communication**



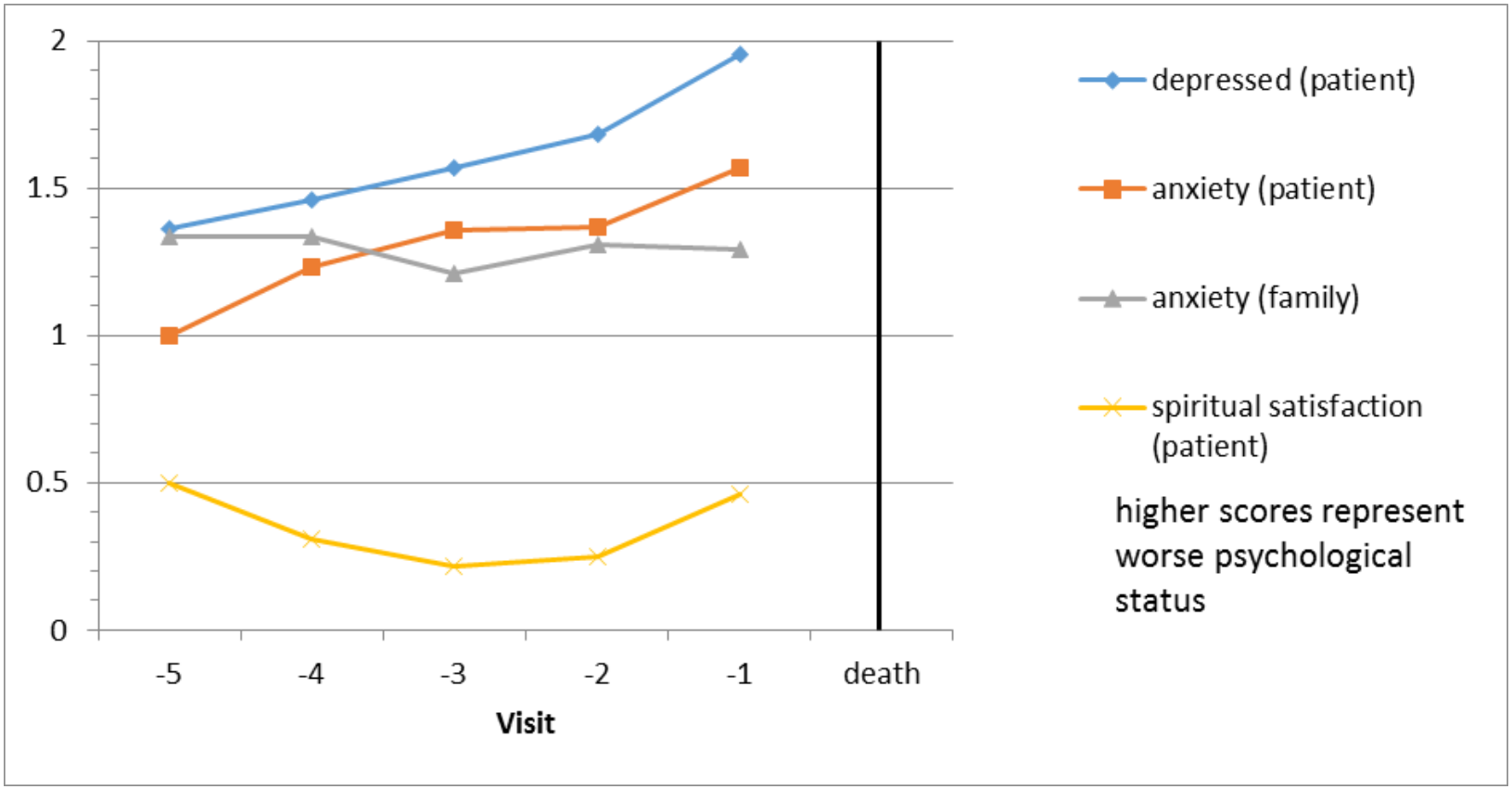
Results_6

- **Fig. 2. Change of patient's symptom**



Results_7

- **Fig. 3. Change of psychological and spiritual status**



Results_8

Table 3a. Preparation of good death (n=22)

	n(%)
Body (Teach family)	
assess patient's status of near death	20(90.9%)
care patient's cadaver	18(81.8%)
use paper diaper underneath patient's hip to hold urine and faeces	19(86.4%)
Use hot towel to clean patient's cadaver	17(77.3%)
if patient's eyes not close, put tape on patient's eyes, and remove it after rigor mortis	20(90.9%)
if patient's mouth not close, use bandage, gauze, and towel	20(90.9%)
Change clean clothes	18(81.8%)
Psychological (to the family member)	
Communicate with the patient	15(68.2%)
Accompany the patient at the time of death	21(95.5%)
Assist communication between the patient and the family	21(95.5%)
Comfort the sad family member (young children, old parents, and spouse)	14(63.6%)
Listen the last words of the patient	16(72.7%)
Assist accomplishment of patient's desires	19(86.4%)

Results_9

- **Table 3b. Preparation of good death (n=22)**

	n(%)
Spiritual	
Help family member to prepare the death according to patient's religion	22(100.0%)
Help the patient to manage the mental uncomfort (eg. conflict, gratitude and resentment)	14(63.6%)
Help the patient to believe in the existence of a world for the death	15(68.2%)
Funeral (help family members)	
Obtain the death document	21(95.5%)
Contact funeral home	22(100.0%)
Obtain the document of tomb	19(86.4%)
Prepare patient for cremation or interment	21(95.5%)

Results_10

- **Table 4. Scores of good death at receiving community-based hospice care and at death**

	Receive hospice mean±SD	death mean±SD	difference mean±SD	p
(1) aware the imminent death (Awareness) (n=23)	1.5±1.0	1.9±1.1	0.4±0.9	0.0469[1]
(2) accept the illness calmly (Acceptance) (n=23)	2.0±0.8	2.4±0.5	0.3±0.7	0.0290[1]
(3) Arrange things before death (Propriety) (n=24)	2.3±1.1	2.4±1.0	0.1±0.5	0.1855[1]
(4) engage in the death preparation (Timeliness) (n=24)	1.8±1.1	2.0±1.0	0.3±1.0	0.2281[1]
(5) control of the symptom or pain (Comfort) (n=26)	1.8±0.9	2.0±0.9	0.3±1.3	0.2946[1]
Total (n=26)	8.8±3.4	9.8±3.9	1.0±2.6	0.0550[1]

[1]：paired t test was made to compare the score at death and when receiving community-based hospice palliative care program

[2]：score between 0 and 3, the higher score represent positive feeling

Results_11

- **Table 5a. Satisfaction of good death program (n=26)**

	Very bad	bad	fair	good	excellent	mean±SD
care						
Symptom control	0(0%)	1(3.9%)	4(15.4%)	14(53.9%)	7(26.9%)	4.0±0.8
satisfaction	0(0%)	1(3.9%)	4(15.4%)	12(46.2%)	9(34.6%)	4.1±0.8
autonomy						
Respect the patient's autonom	0(0%)	0(0%)	0(0%)	8(30.8%)	18(69.2%)	4.7±0.5
Respect the patient's will of being look after	0(0%)	0(0%)	0(0%)	9(34.6%)	17(65.4%)	4.7±0.5
composure						
Relieve the patient's anxiety	0(0%)	1(3.9%)	3(11.5%)	15(57.7%)	7(26.9%)	4.1±0.7
Relieve the patient's depression	0(0%)	0(0%)	4(15.4%)	18(69.2%)	4(15.4%)	4.0±0.6
communication						
Support the patient by words	0(0%)	0(0%)	1(3.9%)	3(11.5%)	22(84.6%)	4.8±0.5
Support the patient by other activities	0(0%)	0(0%)	1(3.9%)	2(7.7%)	23(88.5%)	4.9±0.5

[1]：score between 0 and 5, the total score is 60. The higher score represent the better satisfaction

Results_12

- **Table 5b. Satisfaction of good death program (n=26)**

	Very bad	bad	fair	good	excellent	mean±SD
continuity						
Patient keep contact with relatives or friends	0(0%)	0(0%)	1(3.9%)	3(11.5%)	22(84.6%)	4.8±0.5
Patient feel no regret	0(0%)	0(0%)	1(3.9%)	5(19.2%)	20(76.9%)	4.7±0.5
closure						
Patient had fulfill his/her wise	0(0%)	0(0%)	2(7.7%)	7(26.9%)	17(65.4%)	4.6±0.6
Comfort the family members	0(0%)	0(0%)	0(0%)	10(38.5%)	16(61.5%)	4.6±0.5
Total						54.0±5.2

[1]：score between 0 and 5, the total score is 60. The higher score represent the better satisfaction

Discussion_1

- Cancer were the major illness (72.5%)
- Most sign NDR and the consent form
- Pain, constipation, nausea, poor appetite
- Mental status (depressed, anxiety) is worse near death
- Good satisfaction of the service

Discussion_2

- In New Taipei City, Taiwan, 20,000 terminally ill patient and 92% are qualified for hospice care annually and only 74 (this study) received the service.
- 47.5% learn the service from the hospital. Different decision between patients and family member, lack of manpower at home, worry, wrong perception (giving up on life or lower level of medical care)

Discussion_3

- Timing of the service: 3 (died on the same date, one or two day after receiving hospice care).
- Duration (mean=37.2 days, 0-170 day) > hospitals.

Discussion_4

Limitation

- (1) sample size too small
- (2) only quantitative information

Thank you for your attention